



Claims data

For the period 1 January to 31 March 2024

OFFICIAL
INJURY
CLAIM

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1. Introduction

The Official Injury Claim (OIC) service was developed by MIB (the Motor Insurers' Bureau) on behalf of the Ministry of Justice (MoJ). It has been operational since the implementation of the government's Whiplash Reform Programme on 31 May 2021.

The reforms included an increase in the small claims track limit for road traffic accident (RTA)-related personal injury claims from £1,000 to £5,000 and the commencement of the measures in Part 1 of the Civil Liability Act (CLA) 2018. The CLA introduced a fixed tariff of damages for whiplash claims and a ban on the seeking or offering to settle such claims without medical evidence.

The OIC service can be used to claim compensation for a range of different RTA-related injuries with a value of less than £5,000.

More information and frequently asked questions on the reforms and the OIC service are available [here](#) and on the OIC website [here](#). Additionally, further information regarding each stage of a claim journey, including sample forms, video walk-throughs and supporting documentation, can be found in the OIC Help Hub, [here](#).

The data and statistics presented on these pages reflect data captured by the service from 1 January 2024 to 31 March 2024, unless otherwise stated*. You can [download previous data publications here](#).

This data has been published on the OIC website, and it is intended that detailed data reports will continue to be issued in this format on a quarterly basis. Since the start of 2023, monthly data reports are also now shared on the OIC website in the same location as the quarterly reports (see link above). These reports are tabulated and provide a faster route to consuming core data.

Other relevant and contextual data related to the personal injury claims process is also available from:

- [DWP Compensation Recovery Unit](#)
- [Claims Portal](#)
- [HMCTS](#)
- [MedCo](#)

The statistics presented in this publication are generated by the OIC service.

** Some figures such as claims submitted, settlements, liability decisions and exits may relate to claims that were registered during a previous reporting period. There is a marginal variance in some of the numbers from previous publications due to late polling or changes in the claim status of a case. The figures shown in this publication are correct as of 1 March 2024.*

2. Headline data

Reporting period 1 January 2024 to 31 March 2024

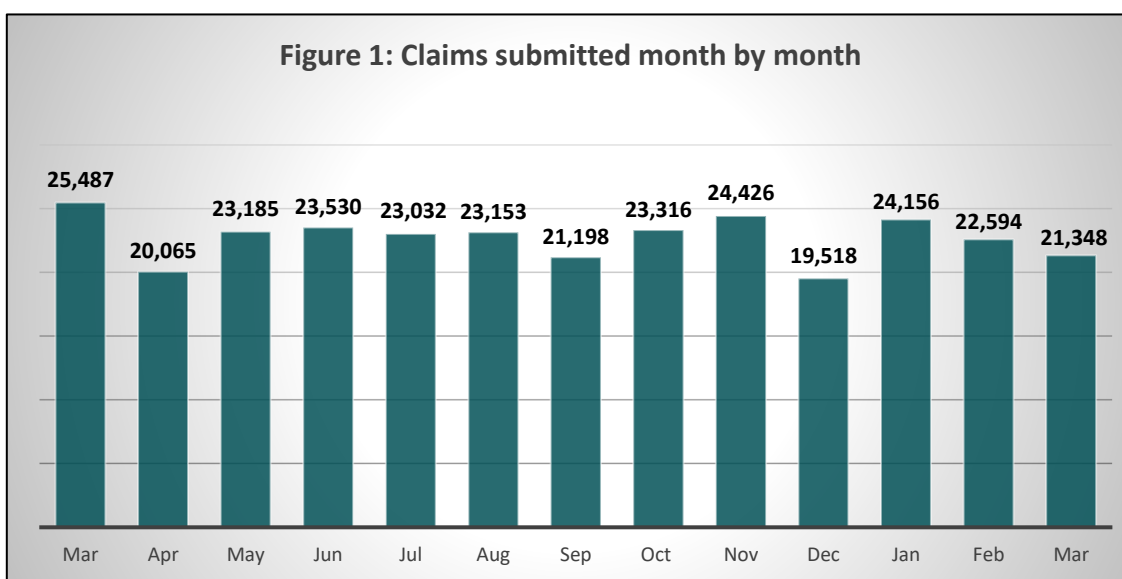
	Total since launch	This reporting period
Claims submitted	771,012	68,098
Represented claims	693,494	59,935
Unrepresented claims	77,518	8,163
Liability decisions	567,429	40,444*
Settlements (closed)	221,253	30,861
Settlements (open)	25,262	-

*Regarding marginal variance in numbers from last quarter, please see note at bottom of page 2.

3. Claims volume

Figure 1 shows the number of claims entered into the system per month from March 2023 to March 2024.

Throughout this period, it shows around 22,000 claims per month have been made. It is important to note that in April 2023 there were only 18 working days and in December 2023, only 19 working days, which accounts for the slight dip in claims submitted.



Claims entering the system in Q2 and Q3 suggest a flattening. These figures should not be viewed in isolation: higher value claims (that is, those worth over £5,000) and claims that are not in scope are still correctly reporting into Claims Portal Ltd (CPL). There are also significant non-service factors

continuing to influence driver behaviour and accident rates. These include several social and economic factors including cost of living, inflation and residual COVID-19 impacts, which will indirectly influence vehicle miles and parc, and ultimately the accident rate.

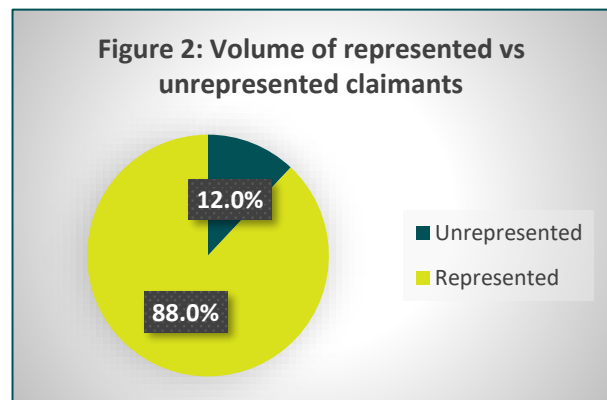
4. Representation

Of the **68,098** claims registered in this period, a total of **8,163** (12.0%) were made by unrepresented claimants and **59,935** (88.0%) had professional representation.

Since launch, **495** claimants have started a claim via the Portal Support Centre’s assisted paper claims process (see section 10). This includes **38** active claims from this reporting period and **43** active claims from the previous period.

The percentage of unrepresented claimants using the system is steadily increasing from 9% in March 2022 to 12% in March 2024.

Represented claimants are being supported by a range of different types of organisations, including law firms, Alternative Business Structures (ABSs)*, appropriately authorised claims management companies (CMCs)** and other***. As is shown in the table below, the vast majority continue to be law firms (76.2%) and licensed ABSs (23.6%).



Type of user	Number of claims	Percentage
UK law firm	45,935	76.6%
ABS	13,876	23.2%
CMC and other	124	0.2%

* An ABS is an entity authorised by a licensing body (usually a regulator) to provide reserved legal activities. An ABS allows non-lawyers to own or invest in legal services providers, where previously ownership was restricted to legal professionals.

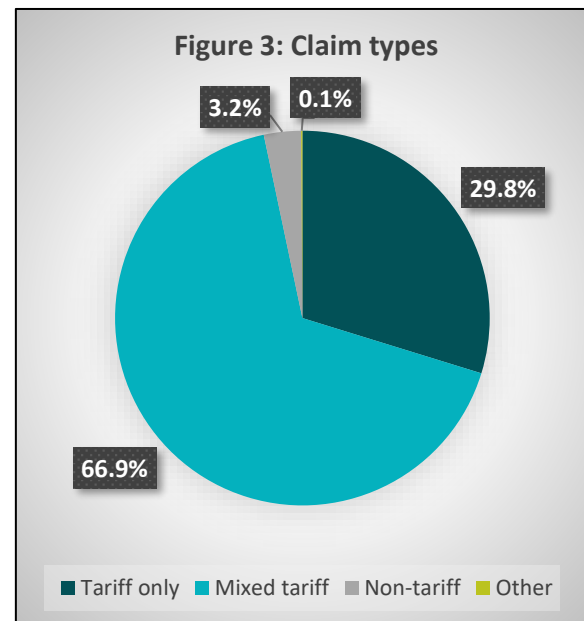
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** In limited circumstances, professional users may select ‘other’ when creating an account, where that user’s profession does not match the options provided. For example, it may be used by a CILEX barrister.

5. Types of claim

The OIC service can be used to claim compensation for a range of different RTA-related injuries with a value of less than £5,000. Figure 3 and its accompanying table below provide an overview of the types of claims* submitted within the period 1 January to 31 March 2024, broken down by claim category:

Claim types	Number of claims
Whiplash ¹ only	11,597
Whiplash + minor psychological ²	7,843
Whiplash + physical ³	15,304
Whiplash + physical + minor psychological	23,611
Multiple injuries ⁴	4,790
Physical only	1,560
Physical + psychological	533
Other ⁵	70



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **19,440 (29.8%)** of claims presented in this period were covered solely by the tariff, and **43,705 (66.9%)** are mixed claims. **63,145 (96.7%)** of claims include a whiplash-tariff element.

1. Whiplash is an injury of soft tissue in the neck, back or shoulder, as defined by Part 1, section 1 of the [Civil Liability Act 2018](#).
2. Minor psychological injury includes shock, anxiety and other psychological conditions.
3. Single physical injuries include bruising, abrasion, cuts, scarring, fracture, headaches, sprain or strain and affected senses.
4. 'Multiple injuries' refers to more than one physical injury as defined above. In these claims, tariff and non-tariff damages would apply.
5. 'Other' refers to claimants who are unsure of their injuries and are awaiting medical assessment.

* Claims in the status of pending new, that have not had injury type added, are excluded.

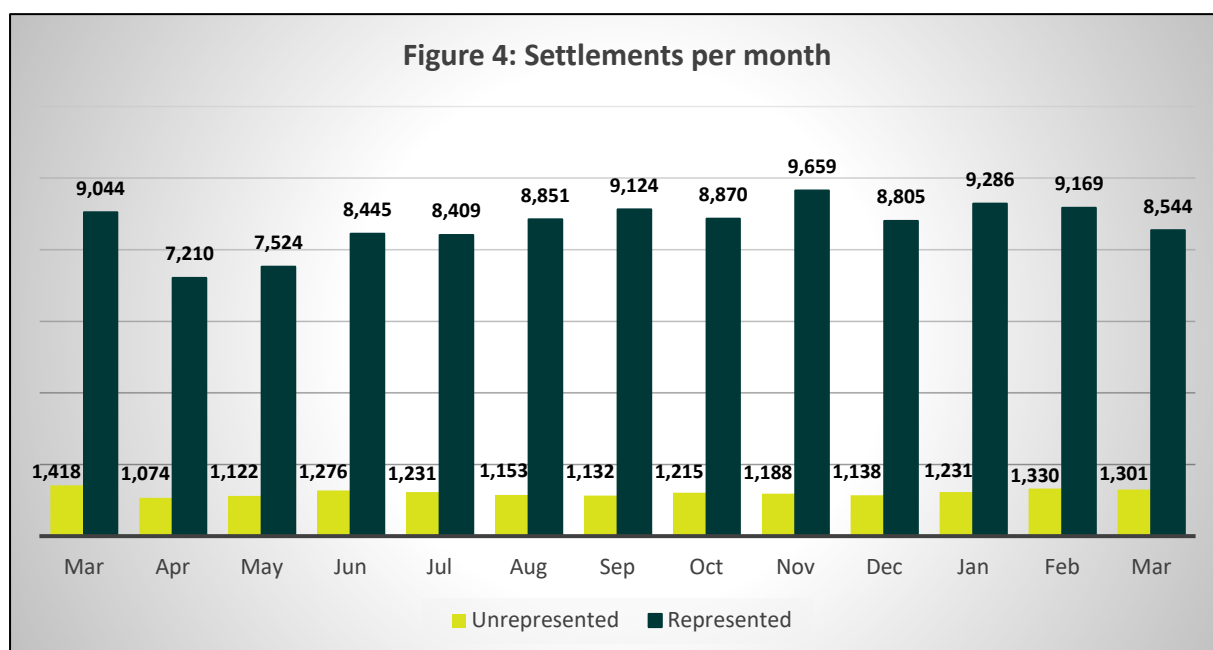
6. Settlements

The volume of claims settling has continued to rise and we expect this trend to continue. **221,253** claims have settled since the launch of the service, including **30,861** claims in this reporting period. **3,862 (13%)** of these were unrepresented claimants. Represented claimants accounted for **26,999 (87%)** settlements.

There is an additional cohort of claims which have settled but not yet fully progressed through the portal journey: they are referred to as ‘open’ settlements, where users have not yet completed the portal journey by confirming the claim is complete. There are currently **25,262** open settlements (**1,276** unrepresented and **23,986** represented). In order to better understand some of this dormancy we have been working on additional data views and can now present these, shown in section 11 of this report.

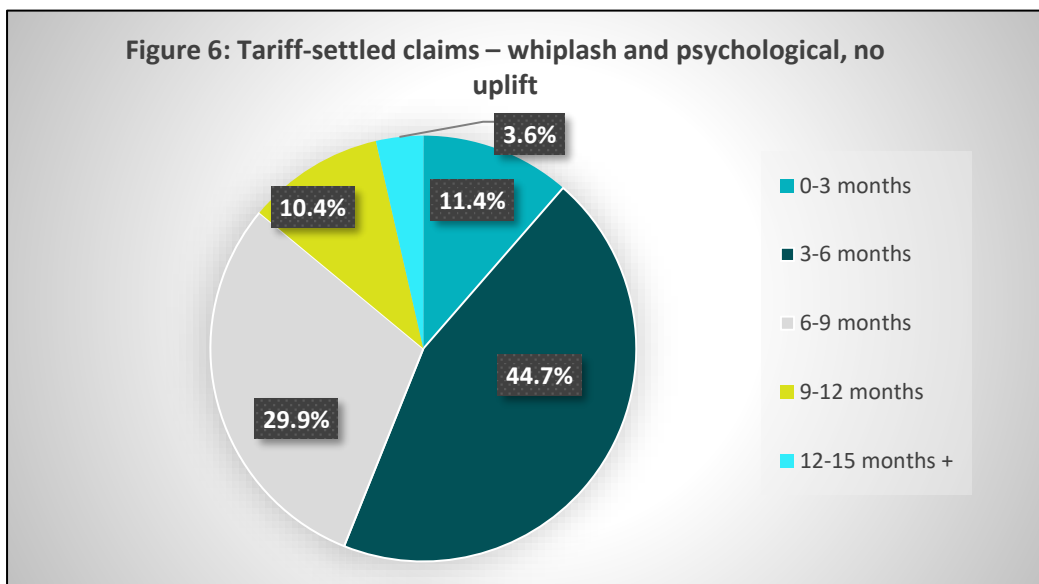
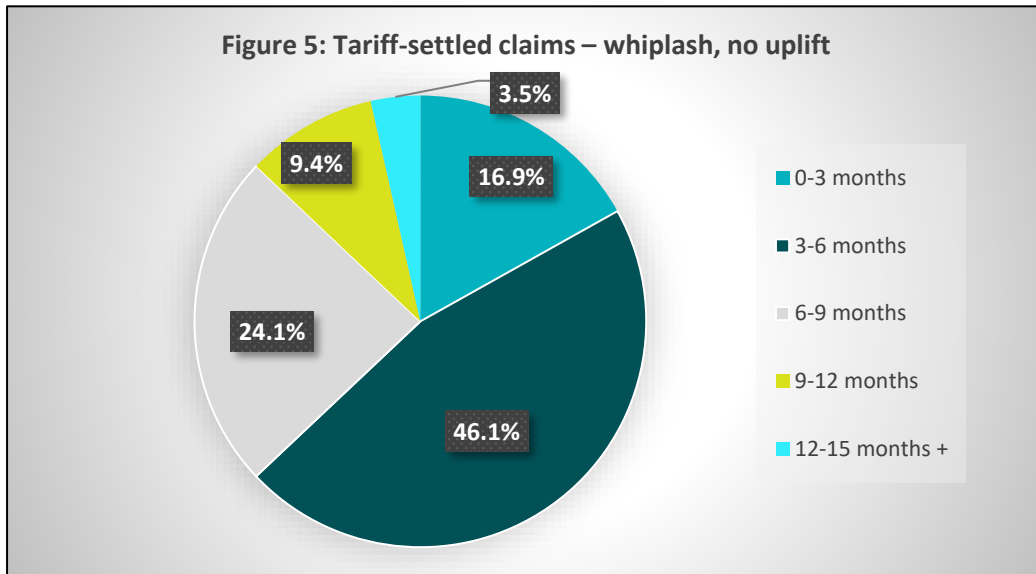
We are now seeing cases settle with more complex injuries and longer prognoses and the average time from claim to settlement was **290 days** compared to **295** days in the previous period.

Figure 4 shows settlements month on month since March 2023 (closed cases).



We continue to see increased maturity in the distribution of tariff, with settlements in the nine to 12 and 12 to 15-month bands emerging in greater numbers. This is entirely in line with a developing system as more complex injuries are dealt with. The trend will continue.

Figures 5 and 6 show the distribution of tariff-settled claims for both 'whiplash, no uplift' and 'whiplash and psychological, no uplift'.



Settlement data indicates that unrepresented and represented claimants are agreeing similar levels of compensation. The table below gives some insight into these averaged early settlements for tariff and non-tariff elements covering the period to date. Data on items such as fees, injury-related additional losses and non-protocol vehicle costs (NPVC) have not been included.

Frequency – settled *(added to set context against average values and set against the total of c221,000 closed settlements since launch)*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	12,632 (5.7%)	30,164 (13.6%)	1,383 (0.6%)
Represented	74,616 (33.7%)	187,367 (84.7%)	2,371 (1.1%)

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£989	£752	£155
Represented	£981	£741	£179

7. Exceptional injuries and circumstances

The Whiplash Injury Regulations 2021 also provide for an uplift in damages of up to 20% where either the injuries suffered or the claimant’s circumstances are considered by the court to be exceptional. Of the total claims made in the reporting period, **5,270** claims included a request for an uplift for exceptional injury, **2,741** claims requested an uplift for exceptional circumstances and **8,847** claims requested an uplift in both categories.

Exceptional circumstances

This means that the claimant believes they should receive higher damages than those provided for under the whiplash tariff due to the impact of their accident on their home, work, social life or activities.

Exceptional injuries

This is slightly different from ‘exceptional circumstances’ and usually means that the claimant believes that their injuries are exceptionally severe and that they should receive higher damages than those provided for under the whiplash tariff.

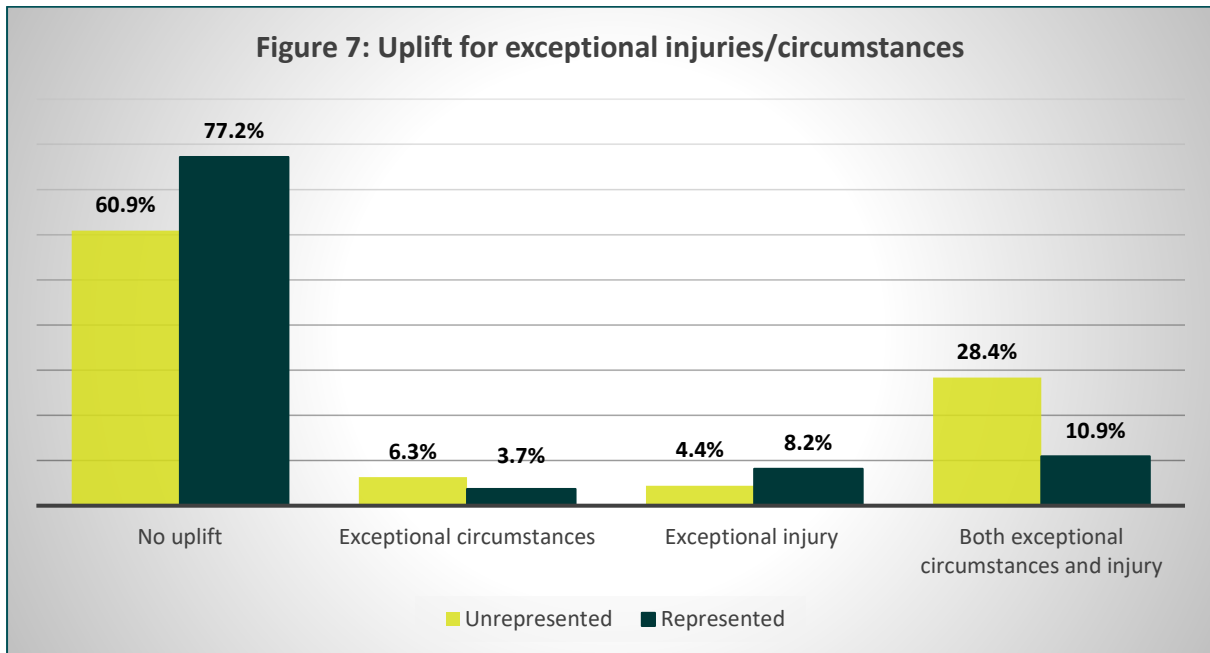
The table below provides the number of claims, broken down by representation in the reporting period January to March 2024, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift only claimed	Exceptional injury uplift only claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	4,969 (60.9%)	515 (6.3%)	357 (4.4%)	2,322 (28.4%)
Represented	46,271 (77.2%)	2,226 (3.7%)	4,913 (8.2%)	6,525 (10.9%)

3,194 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **39.1%** of unrepresented claimants.

13,664 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **22.8%** of represented claims made.

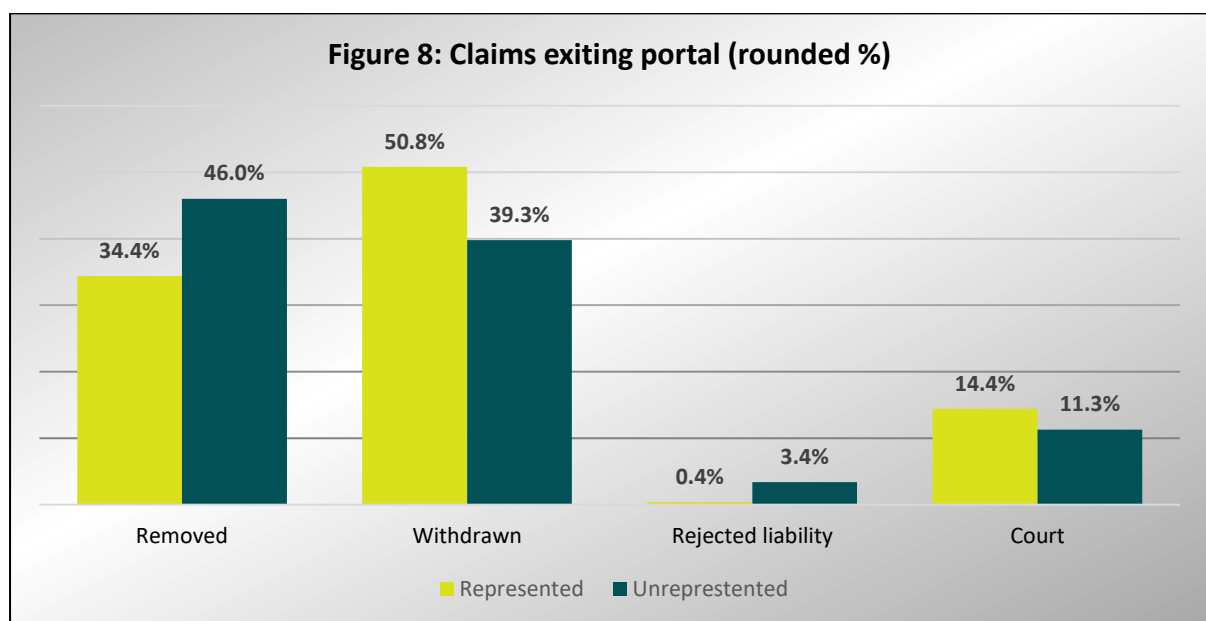
Figure 7 provides the percentages of represented and unrepresented claims, between January and March 2024, with a claim for uplift for exceptionality.



8. Claims exiting the portal

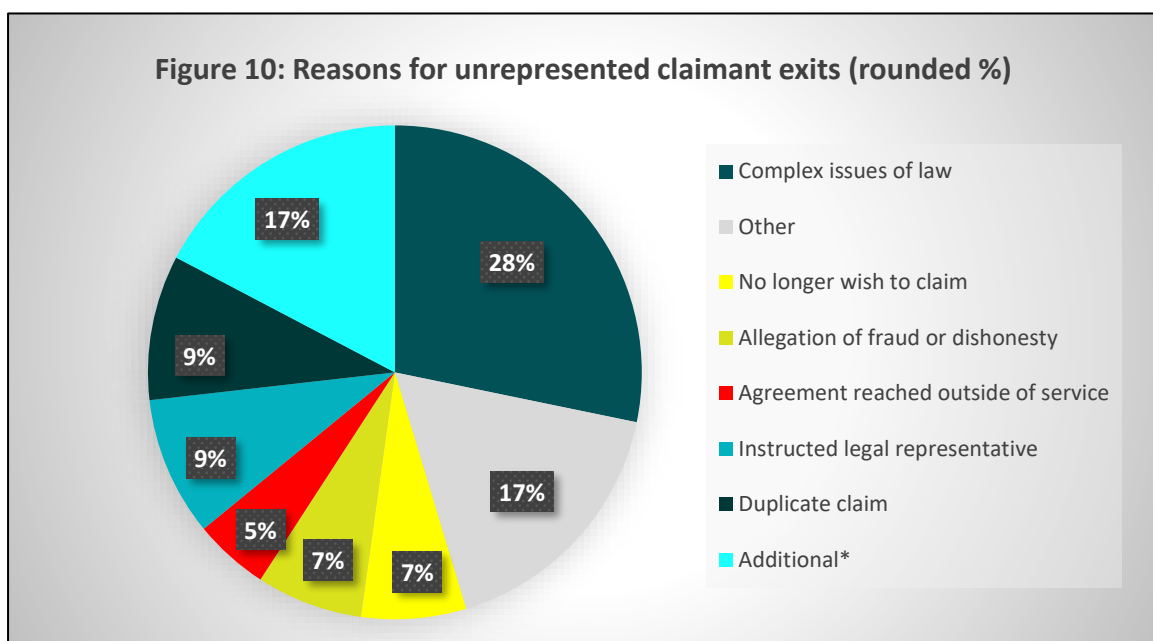
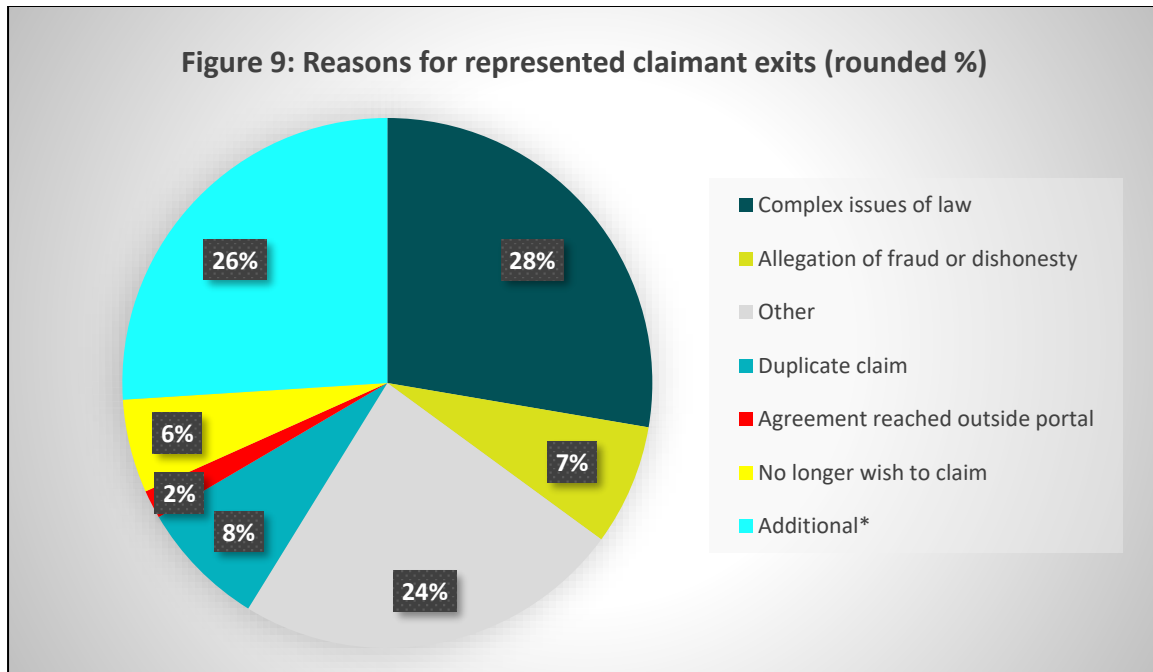
132,008 claims have exited the portal for a reason other than settlement since launch. 26,112 claims exited in the current reporting period, as shown in Figure 8 below, including 25,353 represented and 759 unrepresented claimants. Claims can exit the OIC process for a variety of different reasons, and Figure 8 provides data on the reasons for the current reporting period.

	Removed*	Withdrawn	Rejected liability	Court
Represented claimants	8,728	12,872	109	3,644
Unrepresented claimants	349	298	26	86



*Claims are marked as removed when they have been taken out of the service by the compensator. Reasons for this include: the compensator believes the overall claim is more than £10,000, the claim for personal injury is more than £5,000, there are complex issues of fact or law, there is a formal allegation of fraud made following receipt of the medical report, a dispute relating to causation or an agreement was reached outside of the service.

Figures 9 and 10 provide more detailed information on the reason for exit (this data includes removals and withdrawals). The reasons for exit are displayed separately for represented and unrepresented claimants because the latter have additional categories to choose from (such as 'Instructed legal representative'). It should be noted that the categories shown are self-selected by the claimants or professional user at the point of exit. As such, they should only be considered as an approximate indication of the reason for exit.



*Additional categories include claims being valued above the £10,000 or £5,000 limits, liability rejected, going to court and dispute over cause of injury.

9. Liability

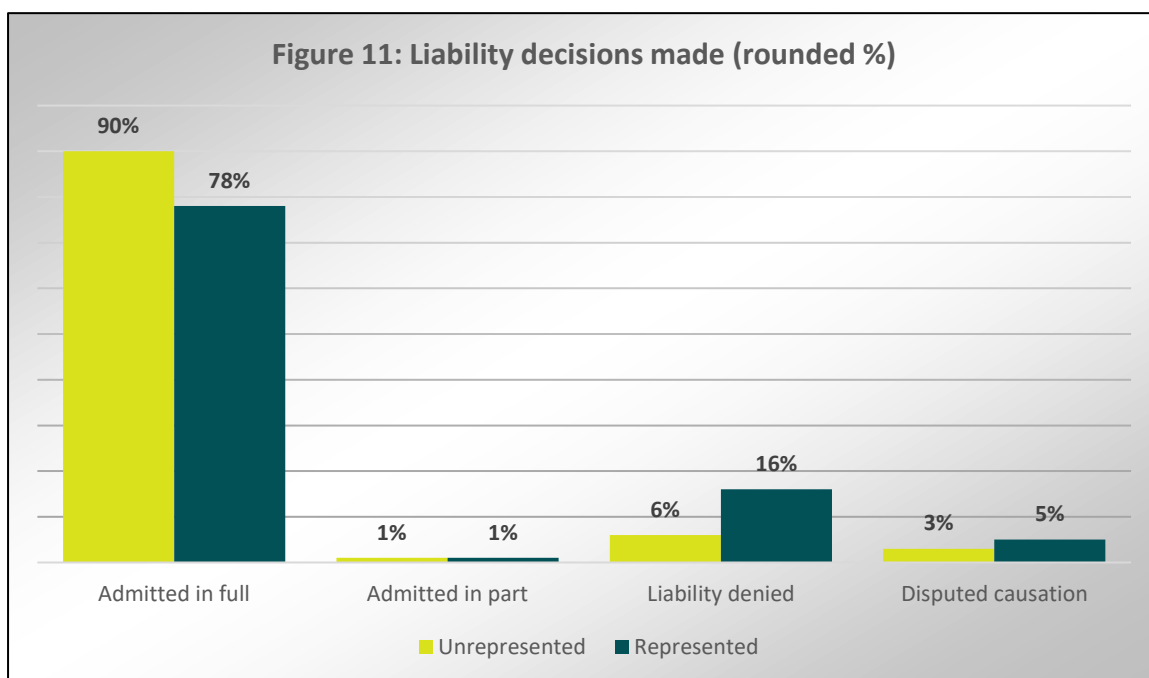
In total **40,444** claims have had a liability decision made by the compensator in this reporting period*. Of these, **32,531 (80%)** claimants have had liability admitted in part or in full by the at-fault compensator (compared to **79%** in the previous reporting period).

In the case of the remaining claims, causation was disputed in **2,060** claims (**1,915** represented and **145** unrepresented) and liability denied in **5,853** claims (**5,566** represented and **287** unrepresented).

The table below provides a breakdown of liability decisions made in the reporting period.

	Liability in full	Liability in part	Liability denied	Disputed causation
Represented claimants	27,957	467	5,566	1,915
Unrepresented claimants	4,083	24	287	145

Figure 11 below shows that **79%** of represented and **91%** of unrepresented claims have had liability admitted in part or in full.

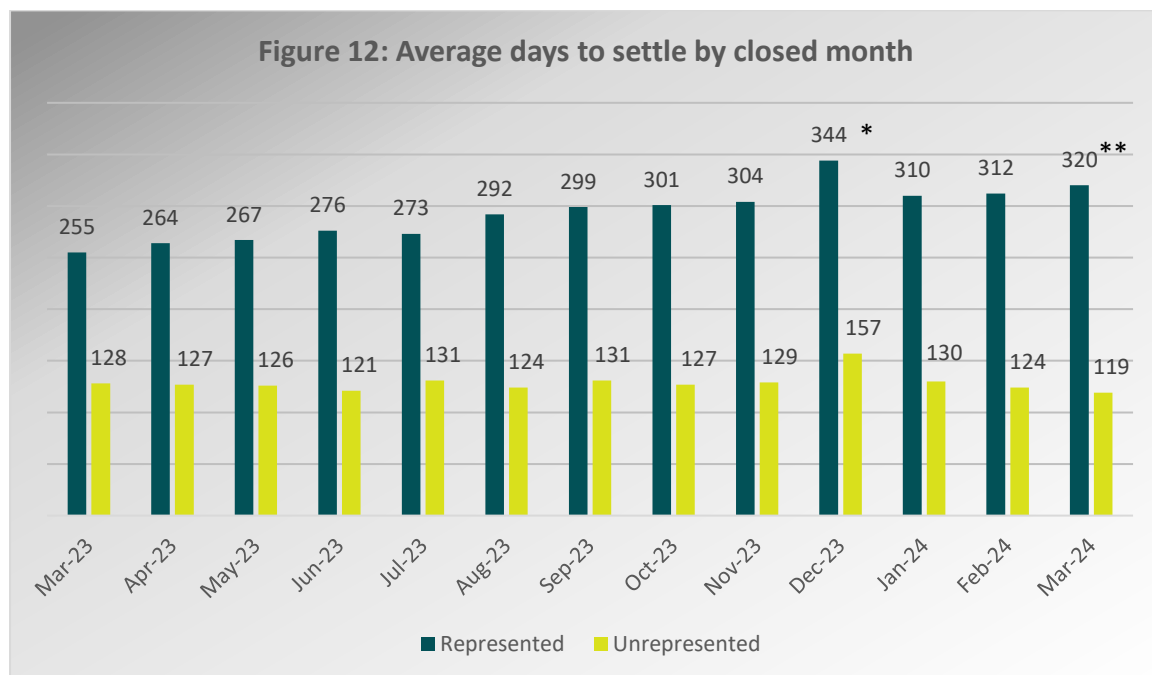


*Claims which have had a liability decision may have been started at any time since launch, not just between 1 January and 31 March 2024.

10. Lifecycle

To further our transparency in how we share service data and to show how claims progress through the portal, we have now added claim lifecycle commentary to our quarterly data publication.

Within the OIC portal, lifecycle is measured in days between when a claim enters our system and when we are told it is settled.



Claims follow a journey through the system determined by the RTA Small Claims Protocol. There is an obvious and marked difference in the cycle times of those that are represented. The unrepresented claimants are progressing their claims within a narrow margin and that trend has been present all year. Those claims made by represented claimants continue to increase.

**The data for both represented and unrepresented claims shows an increase in December 2023. This is due to a medium-sized user closing settled claims within the system while performing an end-of-year housekeeping exercise.*

*** The data for both represented and unrepresented claims shows an increase in March 2024. This is due to the direct communications shared with compensator user group, reminding them that any closed claims needed to be closed in the system also.*

11. Dormancy

We have been working to understand the true number of live claims within the service and the lifecycle of those claims. Within the OIC system, we track claims progress through various stages. We know claims are presented and go through the process of liability being resolved, obtaining and sharing a medical, making and receiving offers, and settling. Dormancy happens when claims start to stick in the process, with a lack of input or update to the system leaving the claim in the same status. Of course, some claims will need to stay in a particular stage while details are worked through by advisors, but our insight suggests dormancy is playing an increasing role in being a barrier to claims progressing.

Feedback from users suggested it was not unreasonable to consider dormancy in 'Pending liability rejected' and 'Pending medical' at a period of 180 days; with 'Pending removal' and 'Pending withdrawal', 30 days. Over time we will continue to build up a more detailed picture as well as introduce some additional areas of reporting.

During February and March, we have reached out to several users who were showing as having a high number of claims that fall into statuses such as 'Pending removal', 'Pending withdrawal' and 'Pending new', to understand the reasons for this. These users have found this exercise useful and it has helped them to move these claims forward or close them. We will continue this work, reaching out to members over Q2.

We would encourage all users to undertake routine checks and update the claims that they manage accordingly.

The tables on the following page highlight the average days that represented and unrepresented claims stay in certain stages and the volume of claims at these stages, using data drawn on **2 April 2024**. We have also included detail on the criteria for a claim to be at this stage.

'Pending liability rejected' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending liability rejected	17,412	80	664	85	18,076	80
Pending liability rejected (dormant)	33,742	504	1,683	519	35,425	504
Total/average	51,154	360	2,347	397	53,501	361

'Pending liability rejected' – liability has been rejected and no decision has been made by the claimant/professional user on how to proceed.

'Pending medical' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending medical	54,828	77	3,063	56	57,891	76
Pending medical (dormant)	76,537	508	5,100	538	81,637	510
Total/average	131,365	328	8,163	357	139,528	330

'Pending medical' (including 'Pending medical report upload', 'Pending upload own medical') – the claim is pending a medical. A medical examination is waiting to be arranged/uploaded.

'Pending withdrawal' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending withdrawal	1,628	15	29	14	1,657	15
Pending withdrawal (dormant)	17,621	322	559	453	18,180	326
Total/average	19,249	296	588	432	19,837	300

'Pending withdrawal' – awaiting the compensator/TPA (Third-Party Administrator) to acknowledge the decision to withdraw the claim from the claimant.

'Pending removal' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending removal	1,598	16	247	16	1,845	16
Pending removal (dormant)	26,313	369	4,099	351	30,412	366
Total/average	27,911	349	4,346	331	32,257	346

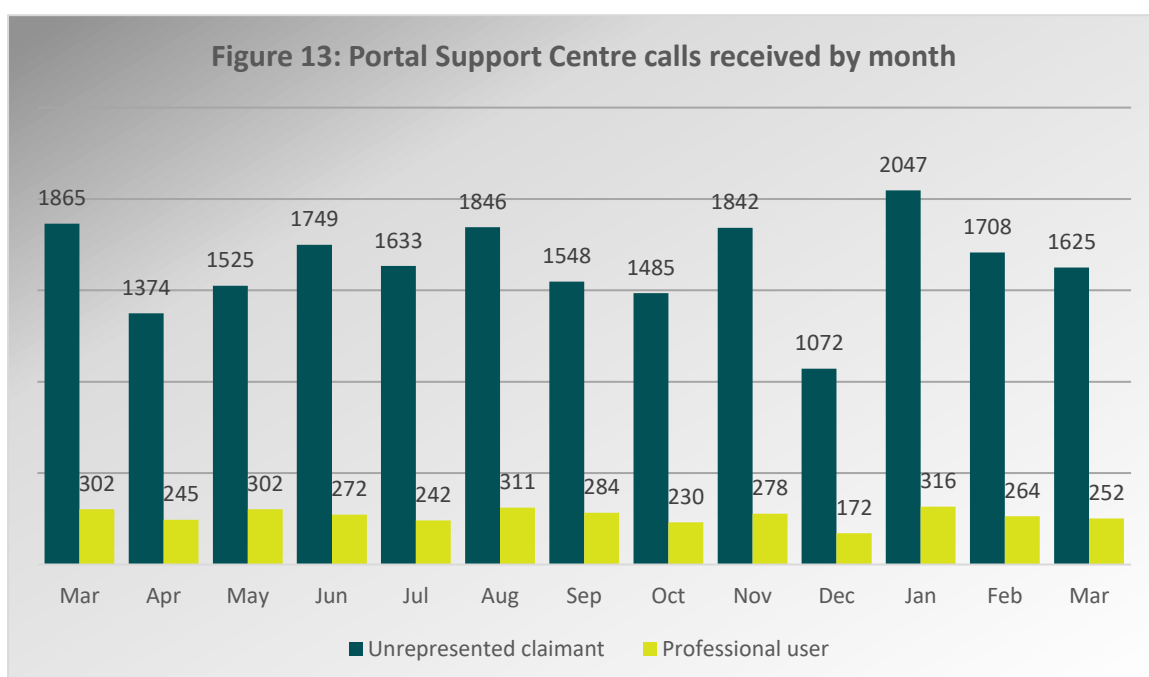
'Pending removal' – awaiting the claimant/professional user to acknowledge the removal of the claim by the compensator/TPA.

12. Portal Support Centre

The OIC service features a fully staffed helpline which can provide both professional users and unrepresented claimants with help on using the system and progressing claims. The service does not provide legal advice but can support users on the process of making a claim through both the digital portal and paper-based claim forms.

The Portal Support Centre received **6,212** calls between 1 January and 31 March 2024. Of these, **832** were from professional users and **5,380** were from unrepresented claimants.

Figure 13 provides information on the number of calls received per month from both professional users and unrepresented claimants during the last 12 months.



13. System operation

Core system availability remains stable with system availability running 24/7 since launch. Users can interact with the service by using the web service or through an Automated Portal Interface (API).

The web service used by direct claimants, compensators and professional advisors has performed as expected. No outages have been experienced during this period.

We are still on track to deliver one code change in 2024 during quarter 3. This is in line with the requests made across industry users to continue the balance between change and the pace of change. The plan will be tested by the MoJ medical consultation. We will keep in close contact with MoJ during this period and maintain communication with the market throughout.

As the volume of claims and transactions in the portal have increased there has been no service deterioration or delays with 'page turns' (the rate of refresh after data is entered). The system has alerts to highlight any deterioration in performance, and capacity can be increased quickly if required. Concurrency of use is being monitored in the background, and we regularly see more than 700 users on the system at any point during business hours.

MIB continues to engage with and seek feedback from users. Minor refinements and bug fixes are being identified and dealt with on a priority basis. MIB will continue to support users in this way and seek feedback on how the service can be improved. Any change is managed through the process agreed with the MoJ.

Any questions as always should be fed back via customer.service@officialinjuryclaim.org.uk.